



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11445286	Contractual Allowance	\$18646952
Outpatient Patient Service Revenue	\$28747985	Other Deductions	\$7657164
Total Gross Patient Service Revenue	\$40193271	Total Deductions	\$26304116

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$13889155
Other Operating Revenue	\$432759
Total Operating Revenue	\$14321914

4. Operating Expenses

Salaries and Wages	\$6851556	Employee Benefits	\$1266775
Depreciation and Amortization	\$722876	Interest Expense	\$169817
Bad Debt	\$0	Other Expenses	\$7080987
Total Operating Expenses	\$16092011		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1770097	Total Assets	\$9209600
Net Non-operating Gains over Loss	\$6938	Total Liabilities	\$9209600
Total Net Gains	\$-1763159		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$18955732	\$10303966	\$8651766
Medicaid	\$6194945	\$5351595	\$843350
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$15042594	\$10648555	\$4394039
Total	\$40193271	\$26304116	\$13889155

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$3053381
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$327494	
HCI Payments	\$0		
Subtotal	\$0	\$327494	\$-327494
Medicaid Shortfalls	\$843351	\$3381998	
Subtotal	\$843351	\$3709492	\$-2866141
DSH Payments	\$0		
Subtotal	\$843351	\$3709492	\$-2866141
Medicare Shortfalls	\$6573938	\$6684030	
Other Government Programs	\$0	\$0	
Total	\$7417289	\$10393522	\$-2976233

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$77148	\$-77148
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0